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## BIB DATA SHEET

CONFIRMATION NO. 8339

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 10/571,783    |                                  | 604   | 3709           | 05841041               |

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/FR04/02360 09/17/2004

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

FRANCE 0401491 02/13/2004

\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
09/27/2006

|                                |   |  |                  |                 |              |                    |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| Foreign Priority claimed       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | FRANCE           | 6               | 14           | 1                  |

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## TITLE

Connecting ostomy device

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|----------------------------|---|---|
| FILING FEE RECEIVED<br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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